

APPLICATION
FOR
REINSTATEMENT

Name and Mailing Address

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida = 05/23/1996	
Principal Place of Business 51 INTERLAKEN ROAD ORLANDO FL 32804	3. New Principal Place of Business Address	6. FEI Number 59-3386172	Applied For Not Applicable
	City, State, Zip	7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$5.00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Registered Agent BETHEL, SUZANNE M 51 INTERLAKEN RD ORLANDO FL 32804		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent <u>Suzanne M. Bethel</u> Date <u>12/08/03</u> REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	BETHEL, SUZANNE M	51 INTERLAKEN ROAD	ORLANDO FL
MGRM	KILLGORE, GINA	51 INTERLAKEN ROAD	ORLANDO FL
MGRM	SMITH, EMMA W	51 INTERLAKEN ROAD	ORLANDO FL
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12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.			
Signature of Managing Member/Manager <u>Suzanne M. Bethel</u>		Date <u>11/13/03</u>	Daytime Phone # <u>407-290-3415</u>
Typed or printed name of signing Managing Member/Manager			